| Fill in this information to identify your case: | | | | | | |
|--|--------------------|--|--|--|--|--|
| Debtor 1 | Edwin Camacho, Jr. | | | | | |
| Debtor 2 (Spouse, if filing) | Yahaira Camacho | | | | | |
| United States Bankruptcy Court for the: District of New Jersey | | | | | | |
| Case number 24-18514 (if known) | | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| \boxtimes | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| \boxtimes | 4. The commitment period is 5 years. | | | | | | | |

□ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filling on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| r | ental property, put the income from that property in one column | only. If yo | u have no | othing to report fo | r any lir | ne, write \$0 in the | space. | |
|----|---|-------------------|----------------------|----------------------------------|---------------|----------------------|--------|------------------------------------|
| | | | | | Colui Debt | | Debt | mn B tor 2 or -filing spouse |
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and co | mmissi | ons (before all | \$ | 6,823.71 | \$ | 4,915.18 |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | e payme | nts from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| 4. | All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3. | t. Include | e regula: depende | r contributions nts, parents, | \$ | 0.00 | \$ | 0.00 |
| 5. | Net income from operating a business, profession, or farm | Debtor | 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| 6. | Net income from rental and other real property | Debtor | 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| ebtor 2 | Yahaira Camacho | | Case no | umber (<i>if knov</i> | _{vn)} 24-18 | 3514 | |
|------------------|--|---|------------------|------------------------|----------------------|----------------------------------|--------------------------------|
| | | | Columi Debtor | | | nn B or 2 or filing spouse | |
| 7. I | nterest, dividends, and royalties | | \$ | 0.0 | <u>0</u> | 0.00 | |
| 8. l | Jnemployment compensation | | \$ | 0.0 | <u>0</u> \$ | 0.00 | |
| | Do not enter the amount if you contend that the amount received was a benef he Social Security Act. Instead, list it here: | it under | | | | | |
| | For you\$\$ | | | | | | |
| | For your spouse\$ 0.0 | 00_ | | | | | |
| k r s c | Pension or retirement income. Do not include any amount received that wa benefit under the Social Security Act. Also, except as stated in the next senternot include any compensation, pension, pay, annuity, or allowance paid by the States Government in connection with a disability, combat-related injury or disport death of a member of the uniformed services. If you received any retired pay under chapter 61 of title 10, then include that pay only to the extent that it does exceed the amount of retired pay to which you would otherwise be entitled if runder any provision of title 10 other than chapter 61 of that title. | nce, do e United sability, ay paid es not | \$ | 0.0 | <u>0</u> \$ | 0.00 | |
| E t S | ncome from all other sources not listed above. Specify the source and an Do not include any benefits received under the Social Security Act; payments reas a victim of a war crime, a crime against humanity, or international or domesterrorism; or compensation, pension, pay, annuity, or allowance paid by the UStates Government in connection with a disability, combat-related injury or distort death of a member of the uniformed services. If necessary, list other source separate page and put the total below. | eceived stic Inited sability, | | | | | |
| | Disability | | \$ | 1,175.0 | 0 \$ | 0.00 | |
| | | | \$ | 0.0 | | 0.00 | |
| | Total amounts from congrets pages, if any | _ + | ¢ | 0.0 | | 0.00 | |
| | Total amounts from separate pages, if any. | | \$ | | <u> </u> | | |
| | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ | 7,998.7 | <u>†</u> | 4,915. | Total | 2,913.89 I average thly income |
| art 2 | Determine How to Measure Your Deductions from Income | | | | | | |
| 13. (| Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT such as payment of the spouse's tax liability or the spouse's support of s | regularl | y paid fo | r the house | ehold expen | nses of you or yo | 2,913.89 ur dependents, |
| | Below, specify the basis for excluding this income and the amount of inco on a separate page. | | | • | | | nal adjustments |
| | If this adjustment does not apply, enter 0 below. | | | | | | |
| | | \$ | | | | | |
| | | \$ | | | | | |
| | | +\$ | | | | | |
| | Total | \$ | | 0.00 | Copy here= | :> | 0.00 |
| 14. | Your current monthly income. Subtract line 13 from line 12. | | | | | \$1 | 2,913.89 |
| 15. | Calculate your current monthly income for the year. Follow these steps: | | | | | | |
| | 15a. Copy line 14 here=> | | | | | \$1 | 2,913.89 |

Edwin Camacho, Jr.

Debtor 1

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| Debtor 1 Debtor 2 | | ⊨dwin Camacho, Jr. Yahaira Camacho | 24-18514 | |
|----------------------|----------------|--|----------------|-----------------------|
| | | Multiply line 15a by 12 (the number of months in a year). | | x 12 |
| | 15b. | The result is your current monthly income for the year for this part of the form. | | \$154,966.68_ |
| 16. C | alcu | slate the median family income that applies to you. Follow these steps: | | |
| 10 | 6a. F | Fill in the state in which you live. | | |
| 10 | 6b. F | Fill in the number of people in your household. | | |
| | T ir | Fill in the median family income for your state and size of household | | \$ 130,239.00 |
| | 7a. | Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT fill out <i>Calculation of Your Disposable Income</i> (Official | | |
| 1 | 7b. | Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income</i> 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 1 25) | e is determii | ned under 11 U.S.C. § |
| Part 3: | | your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) | | |
| | | your total average monthly income from line 11 | | 12,913.89 |
| 19. D | edud at ca | ct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you co alculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse ie, copy the amount from line 13. | ontend | , |
| | | f the marital adjustment does not apply, fill in 0 on line 19a. | -\$ | 0.00 |
| | | Subtract line 19a from line 18. | | \$12,913.89_ |
| | | llate your current monthly income for the year. Follow these steps: Copy line 19b | | \$ 12,913.89 |
| 2. | | Multiply by 12 (the number of months in a year). | | x 12 |
| 20 | 0b. T | The result is your current monthly income for the year for this part of the form | | \$ 154,966.68 |
| 20 | 0c. C | Copy the median family income for your state and size of household from line 16c | | \$ 130,239.00 |
| 2 | 1. H | How do the lines compare? | | |
| | | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this for period is 3 years. Go to Part 4. | rm, check b | ox 3, The commitment |
| | | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page commitment period is 5 years. Go to Part 4. | e 1 of this fo | orm, check box 4, The |
| X _ | y sig /s/ Y | Sign Below Ining here, under penalty of perjury I declare that the information on this statement and in any attachment Yahira Camaco, attorney-in-fact for Edwin Camacho Vin Camacho, Jr. X /s/ Yahaira Camacho Yahaira Camacho | nts is true ar | nd correct. |
| | | vin Camacho, Jr. Yahaira Camacho ature of Debtor 1 Signature of Debtor 2 | | |
| D | | November 8, 2024 Date November 8, 2024 MM / DD / YYYY MM / DD / YYYY | | |
| | • | checked 17a, do NOT fill out or file Form 122C-2. checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current mo | onthly incom | e from line 14 above |

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Debtor 1 Debtor 2 Yahaira Camacho, Jr.

Yahaira Camacho

Case number (if known)

24-18514

| Fill in this information to identify your case: | | | | | | |
|---|---|------------------------|--|--|--|--|
| Debtor 1 | Edwin Camacho, Jr. | | | | | |
| Debtor 2 (Spouse, if filing | Debtor 2 Yahaira Camacho (Spouse, if filing) | | | | | |
| United States B | ankruptcy Court for the: | District of New Jersey | | | | |
| Case number 24-18514 (if known) | | | | | | |

□ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3 Living Housing

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1.677.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$83.00

7b. Number of people who are under 65 X 3

7c. Subtotal. Multiply line 7a by line 7b. \$ 249.00 Copy here=> \$ 249.00

People who are 65 years of age or older

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| Debtor 1 Debtor 2 | | dwin Camacho, Jr. ahaira Camacho | | | | Case number (if I | known) | 24-18514 | | |
|----------------------|-------------|---|---------------|-------------------------------|--------------------------|-------------------|--------|----------------------|-----------|---------------------|
| 7 | d. | Out-of-pocket health care allowance per person | \$ | 158.00 | | | | | | |
| 7 | e. | Number of people who are 65 or older | Х | 0 | | | | | | |
| 7 | f. | Subtotal. Multiply line 7d by line 7e. | \$ | 0.00 | | Copy here=> | > \$ | 0.00 | | |
| 7 | g | Total. Add line 7c and line 7f | | | \$ | 249.00 | | Copy total here=> | \$ | 249.00 |
| Local | Sta | andards You must use the IRS Local Standards to | o ans | swer the questi | ons in line | es 8-15. | | | | |
| | | n information from the IRS, the U.S. Trustee Progressinto two parts: | ram | has divided th | e IRS Loc | cal Standard | for h | ousing for bank | ruptcy | |
| ⊠ Ho | usi | ing and utilities - Insurance and operating expening and utilities - Mortgage or rent expenses | ses | | | | | | | |
| instru 8. H | ctic Iou | er the questions in lines 8-9, use the U.S. Trustee ons for this form. This chart may also be availab sing and utilities - Insurance and operating exper dollar amount listed for your county for insurance an | le at nses | the bankrupton: Using the nur | cy clerk's nber of pe | office. | | | ecified i | n the separate |
| | | sing and utilities - Mortgage or rent expenses: | u op | crating expens | C 3. | | | Ψ_ | | 011.00 |
| | | Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense | | the dollar amo | unt | | \$ | 2,942.00 | | |
| 9 | b. | Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 bankruptcy. Next divide by 60. | ld all | amounts that | are | our home. | | | | |
| | | Name of the creditor | | Average mo | nthly | | | | | |
| | | M & T Bank | | \$\$ | 784.00 | | | | | |
| | | 9b. Total average monthly paymen | t | \$ | 784.00 | Copy here=> | -\$ | 2,784.00 | | this amount 33a. |
| 9 | C. | Net mortgage or rent expense. | | | | | | | | |
| | | Subtract line 9b (total average monthly payment) from rent expense). If this number is less than \$0, enter | | ne 9a (<i>mortgag</i> i | e or | \$ | 15 | 58.00 Copy here=> | \$ | 158.00 |
| a | ffe | ou claim that the U.S. Trustee Program's division cts the calculation of your monthly expenses, fill plain why: | | | | | is inc | correct and | \$ | 0.00 |

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| Debtor 2 | Yaha | ira Camacho | | Case number (if known) | 24-18514 | |
|----------|-----------------------|---|---------------------------|-------------------------|--|--------------|
| 11. | Local tr | ansportation expenses: Check the number of vehi | cles for which vou claim | an ownership or ope | erating expense. | |
| | | to line 14. | , | | 3 1 | |
| | | o to line 12. | | | | |
| | _ | nore. Go to line 12. | | | | |
| 12 | _ | operation expense: Using the IRS Local Standards | s and the number of veh | nicles for which you d | laim the | |
| | operating | g expenses, fill in the <i>Operating Costs</i> that apply for | your Census region or | metropolitan statistica | al area. \$ | 0.00 |
| 13. | may not | ownership or lease expense: Using the IRS Local sclaim the expense if you do not make any loan or levehicles. | | | | |
| Ve | hicle 1 | Describe Vehicle 1: | | | | |
| 13a. | . Ownersh | nip or leasing costs using IRS Local Standard | | \$0. | .00 | |
| 13b | . Average | monthly payment for all debts secured by Vehicle 1 | | | | |
| | Do not ir | nclude costs for leased vehicles. | | | | |
| | are cont | late the average monthly payment here and on line ractually due to each secured creditor in the 60 montcy. Then divide by 60. | | at | | |
| | Naı | me of each creditor for Vehicle 1 | Average monthly payment | | | |
| | | | \$ | | | |
| | | | | Сору | Repeat thi | |
| | | Total Average Monthly Payment | \$ | here => -\$ | 0.00 amount on line 33b. | 1 |
| 13c. | | icle 1 ownership or lease expense line 13b from line 13a. if this number is less than \$0 |), enter \$0 | | Copy net Vehicle 1 expense her => | e \$0.00_ |
| Ve | hicle 2 | Describe Vehicle 2: | | | | |
| 13d. | . Ownersh | nip or leasing costs using IRS Local Standard | | \$0. | .00 | |
| 13e | . Average leased v | monthly payment for all debts secured by Vehicle 2 ehicles. | . Do not include costs fo | or | | |
| | Naı | me of each creditor for Vehicle 2 | Average monthly payment | | | |
| | | | \$ | | | |
| | · · · · · | | | ٦٥ | | |
| | | Total average monthly payment | \$ | Copy here => -\$ | Repeat this amount on line 33c. | е |
| 13f | Net Vehi | icle 2 ownership or lease expense | | | Copy net | |
| 101. | | line 13e from line 13d. if this number is less than \$0 |). enter \$0 | | Vehicle 2 | _ |
| | | | ,, | | expense her => | \$ 0.00 |
| 14. | | ransportation expense: If you claimed 0 vehicles | | | | 245.00 |
| 4- | | Transportation expense allowance regardless of | - | • | \$ | 215.00 |
| 15. | also ded | nal public transportation expense: If you claimed uct a public transportation expense, you may fill in wore than the IRS Local Standard for Public Transport | hat you believe is the ap | | | 0.00 |

Edwin Camacho, Jr.

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Debtor 1 Debtor 2 Pahaira Camacho, Jr.

Yahaira Camacho

Case number (if known)

24-18514

| Oth | er Necessary Expenses | In addition to the expense d the following IRS categories | | s listed above, | you are allowed your monthly expenses | for | |
|-----|---|---|-------------------------|--------------------------------------|--|-----|----------|
| 16. | self-employment taxes, soc your pay for these taxes. Ho | ial security taxes, and Medic owever, if you expect to recei he total monthly amount that | are taxes ve a tax r | s. You may inc efund, you mu | d local taxes, such as income taxes, lude the monthly amount withheld from st divide the expected refund by 12 and axes. | \$ | 0.00 |
| 17. | union dues, and uniform co | sts. | | | uires, such as retirement contributions, | | |
| | | . ,, , | • | • | 1(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | together, include payments | that you make for your spou r life insurance on your depe | se's term | life insurance | nsurance. If two married people are filing . spouse's life insurance, or for any form of | | 0.00 |
| 19. | agency, such as spousal or | child support payments. | | | by the order of a court or administrative | | |
| | | | | | ou will list these obligations in line 35. | \$ | 0.00 |
| 20. | □ as a condition for your jour | | | | equired: ation is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total month | ly amount that you pay for ch | nildcare, s | such as babys | itting, daycare, nursery, and preschool. | | |
| | Do not include payments fo | r any elementary or seconda | ry schoo | l education. | | \$ | 0.00 |
| 22. | is required for the health an health savings account. Inc | | endents a more thai | and that is not n the total ente | | \$ | 0.00 |
| 23. | 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | 0.00 |
| 24. | Add all of the expenses a Add lines 6 through 23. | llowed under the IRS expe | nse allov | vances. | | \$ | 3,110.00 |
| Add | itional Expense Deduction | S These are additional de Note: Do not include a | | , | | | |
| 25. | | | | | ses. The monthly expenses for health y necessary for yourself, your spouse, or | - | |
| | Health insurance | | \$ | 0.00 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | + | \$ | 0.00 | 1 | | |
| | Total | | \$ | 0.00 | Copy total here=> | \$ | 0.00 |
| | Do you actually spend this t ☐ No. How much do y ☐ Yes | | \$ | | · | | |
| 26. | continue to pay for the reas your household or member | onable and necessary care a | and suppo o is unab | ort of an elderl le to pay for sı | e actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 29A(b) | \$ | 0.00 |
| 27. | Protection against family | violence. The reasonably ne | ecessary | monthly exper | nses that you incur to maintain the safety | | 2.00 |
| | of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. | | | | | | 0.00 |

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| Debtor 1 Debtor 2 | Edwin Camacho, Jr. Yahaira Camacho | Case number (<i>if known</i>) 24-18514 | | |
|----------------------|---|--|---------|----------|
| 28. | Additional home energy costs. Your hom 8. | e energy costs are included in your insurance and operating expenses on line | | |
| | If you believe that you have home energy co | osts that are more than the home energy costs included in expenses on line 8, rgy costs | | |
| | You must give your case trustee document claimed is reasonable and necessary. | ation of your actual expenses, and you must show that the additional amount | \$ | 0.00 |
| | | dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or | | |
| | You must give your case trustee document is reasonable and necessary and not alread | ation of your actual expenses, and you must explain why the amount claimed dy accounted for in lines 6-23. | | |
| | * Subject to adjustment on 4/01/25, and even | ery 3 years after that for cases begun on or after the date of adjustment. | \$ | 0.00 |
| | | he monthly amount by which your actual food and clothing expenses are allowances in the IRS National Standards. That amount cannot be more than he IRS National Standards. | | |
| | To find a chart showing the maximum addit for this form. This chart may also be availal | ional allowance, go online using the link specified in the separate instructions ole at the bankruptcy clerk's office. | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | \$ | 0.00 |
| | Continuing charitable contributions. The instruments to a religious or charitable organization. | e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. § 548(d)(3) and (4). | | |
| | Do not include any amount more than 15% | of your gross monthly income. | \$ | 0.00 |
| | Add all of the additional expense deduct Add lines 25 through 31. | tions. | \$ | 0.00 |
| Ded | uctions for Debt Payment | | | |
| a T | and other secured debt, fill in lines 33a th | ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. | Average | monthly |
| | | | paymen | |
| 33a. | | => | \$ | 2,784.00 |
| | Loans on your first two vehicles | | | |
| 33b. | Copy line 13b here | => | \$ | 0.00 |
| 33c. | Copy line 13e here | => | \$ | 588.00 |
| 33d. | List other secured debts: | | | |
| Nam | e of each creditor for other secured debt | Identify property that secures the debt Does payment include taxes or insurance? | | |
| | | □ No | | |
| | -NONE- | | \$ | |
| | | | · | |
| | | ☐ No | | |
| | | ☐ Yes | \$ | |
| | | | · | |
| | | | · | |
| | | □ No | | |
| | | □ No | \$ | |
| | | □ No | \$ | |

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| Dehter 1 | Edwin Camacho, Jr. ⁄ahaira Camacho | | | Case n | umber (<i>if known</i>) | 24-18514 | | |
|---------------------------|--|---|--|------------------|---------------------------|--------------------|------------|----------|
| | any debts that you listed in line | | | icle, oı | r | | | |
| | es. State any amount that you | must pay to a creditor, in addi on of your property (called th | tion to the payment | | i | | | |
| Name of | f the creditor | Identify property that secure | s the debt | To | otal cure amount | | Monthly cu | re |
| M & T | | 132 Crest Drive, Bellevil Essex County | • | _ \$ _ _ \$ _ | 1,109.0 | <u>1</u> ÷ 60 = \$ | | 18.48 |
| | | | | otal \$ | | Copy | > \$ | 18.48 |
| | ou owe any priority claims - su past due as of the filing date of | | | / - that | ı | | | |
| | lo. Go to line 36. 'es. Fill in the total amount of al ongoing priority claims, suc | I of these priority claims. Do r h as those you listed in line 1 | | or | | | | |
| | Total amount of all past-de | ue priority claims | | \$ | 0.0 | <u>00</u> ÷ 60 | \$ | 0.00 |
| 36. Proje | ected monthly Chapter 13 plan | payment | | \$ | | | | |
| Office the E To fin | ent multiplier for your district as s e of the United States Courts (foi executive Office for United States d a list of district multipliers that inclu- ate instructions for this form. This list | r districts in Alabama and Nor s Trustees (for all other distric des your district, go online using t | th Carolina) or by ts). he link specified in the | X | | | | |
| Avera | age monthly administrative expe | nse | | | \$ | Copy tota | | |
| 37. Add | 37. Add all of the deductions for debt payment. Add lines 33e through 36. \$\\ 3,390.48\$ | | | | | | | |
| Total De | ductions from Income | | | | | | | |
| 38. Add | all of the allowed deductions. | | | | | | | |
| | by line 24, All of the expenses all ense allowances | | \$3,110 | 0.00 | | | | |
| Сор | y line 32, All of the additional ex | pense deductions | \$ | 0.00 | | | | |
| Сор | by line 37, All of the deductions for | or debt payment | +\$3,39 | 0.48_ | ٦ | | | |
| Tota | al deductions | | \$6,500 | 0.48 | Copy total here | e=> | \$ | 6,500.48 |

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Edwin Camacho, Jr. Debtor 1 Yahaira Camacho Case number (if known) 24-18514 Debtor 2 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period......\$ 12,913.89 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 6.500.48 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here=> 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense 0.00 0.00 Copy 0.00 here=>\$ 0.00 Total \$ Сору 6.500.48 6,500.48 44. Total adjustments. Add lines 40 through 43.=> here=> -\$ 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. 6,413.41 Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Line Form Reason for change Date of change Increase or Amount of change decrease?

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| Debtor 1 Debtor 2 | Edwin Camacho, Jr. Yahaira Camacho | Case number (<i>if known</i>) 24-18514 |
|----------------------|--|---|
| | | |
| Part 4: | Sign Below | |
| X _ | /s/ Yahira Camaco, attorney-in-fact for Edwin Camacho Edwin Camacho, Jr. Signature of Debtor 1 | X /s/ Yahaira Camacho Yahaira Camacho Signature of Debtor 2 |
| Date _ | November 8, 2024 MM / DD / YYYY | Date November 8, 2024 MM / DD / YYYY |